

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90099 026 ***150.00

DOCUMENT # L33729

1. Entity Name

MICHAEL A. SLIVKA, P.A.

Principal Place of Business

Mailing Address

5722 SOUTH FLAMINGO RD
 SUITE 314
 COOPER CITY FL 33330
 US

5722 SOUTH FLAMINGO RD
 SUITE 314
 COOPER CITY FL 33330-3206
 US

2. Principal Place of Business

3. Mailing Address

225 Thames Drive
 Suite, Apt. #, etc.

225 Thames Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Colorado Springs, CO

City & State

Colorado Springs, CO

4. FEI Number

65-0165859

Applied For

Not Applicable

Zip

80906

Country

USA

Zip

80906

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLIVKA, MICHAEL A.
10827 CHARLESTON PLACE
COOPER CITY FL 33026

Name

Melody Martinez

Street Address (P.O. Box Number is Not Acceptable)

7954 Pines Blvd.

City

Pembroke Pines

FL

Zip Code

33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Melody Martinez

Signature, typed or printed name of registered agent and title if applicable.

Melody Martinez

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PTD SLIVKA, MICHAEL A.**
 STREET ADDRESS **5722 SOUTH FLAMINGO RD SUITE 314**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE Change Addition
 NAME *PTD Slivka, Michael A.*
 STREET ADDRESS *225 Thames Drive*
 CITY-ST-ZIP *Colorado Springs, CO 80906*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A. Slivka **Michael A. Slivka**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00

Daytime Phone #

(719) 685-0652

CR2E034 (9/99)